



CONNECTICUT PRESCRIPTION MONITORING AND REPORTING SYSTEM (CPMRS)

DATA REPORTING MANUAL Effective Date: August 21, 2014



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CONNECTICUT PRESCRIPTION MONITORING PROGRAM

In accordance with Connecticut General Statute: Section 21a-254 – The Connecticut Department of Consumer Protection has established a program to monitor the prescribing and dispensing of **Schedule II, III, IV & V** controlled substances. The program shall be designed to provide information regarding the prescription of controlled substances in order to prevent the improper or illegal use of the controlled substance, and shall not infringe on the legitimate prescribing of a controlled substance by a prescribing practitioner acting in good faith and in the course of professional practice.

Sec. 21a-408-50. Requires dispensary reporting into the prescription monitoring program (a) At least once per day, a dispensary shall transmit electronically to the Drug Control Division of the department the information set forth in the edition of the Electronic Reporting Standard for Prescription Monitoring Programs established by the American Society for Automation in Pharmacy, a copy of which may be obtained from the American Society for Automation in Pharmacy on their website: www.asapnet.org (b) A dispensary shall transmit the information required pursuant to this section in such a manner as to insure the confidentiality of the information in compliance with all federal and state statutes and regulations, including the federal Health Insurance Portability and Accountability Act 1996, Public Law 104-191.

**Dispensary= Medical Marijuana Dispensary

Reporting Requirements and Schedules

Pharmacies will report the required dispensing information to Optimum Technology, Inc. (Optimum), a private contractor, who will collect all data and manage the technical aspects of the program. Optimum will forward verified data to the Connecticut Department of Consumer Protection.

Toll-free number for Optimum: 1-866-683-3246

Email for technical assistance: CTRxReport@otech.com

Such reporting without individual authorization by the patient is allowed under HIPAA, 45CFR § 164.512, paragraphs (a) and (d). The Connecticut Department of Consumer Protection is a health oversight agency and Optimum will be acting as an agent of Connecticut Department of Consumer Protection in the collection of this information.

Reporting the Data:

Pharmacy/Prescriber Reporting and Deadlines:

All dispensed medications (**Schedule II-V**) from pharmacies/dispensing practitioners must be reported at least once a week. Files should be uploaded on Monday for the previous Monday through Sunday. There is a built-in 6 day grace period. The grace period should be used for error corrections or to address any unforeseen issues (e.g. power outages, pharmacy system problems, etc.)

Pharmacies may upload more frequently than outlined above.

Dispensary Facility Reporting:

Medical Marijuana Dispensary facilities must report at least once per day.



Reporting Procedures and File Types

Schedules II-V controlled substances and Medical Marijuana dispensing information is required to be reported. All dispensers (pharmacies, dispensing practitioners, and medical marijuana dispensaries) are required to report using one of the approved methods.

Note:

1. All Schedule II-V dispensing data should be uploaded in ASAP 4.1/2009 format.

2. All Medical Marijuana dispensing data should be uploaded in ASAP 95 format.

Any other controlled substances reported in ASAP95 format will be rejected

1. Website Upload/Prescription File Upload:

The user will need to use the login credentials provided to sign into their user account at the following website: www.CTRxReport.com. You may also register for an uploader account at this website.

This secure website address is provided for uploading data to Optimum, which utilizes 128-bit encryption. Dispensers must be able to access the secure website via an internet connection either in the pharmacy, or at the location that is responsible for transmitting data (e.g. a main office or corporate office of the pharmacy.)

Pharmacy/Practitioner Uploads:

Please inform your software vendor that you will need to be able to upload your data in the ASAP 2009/v. 4.1 format as a .DAT or .TXT file.

Dispensary Uploads:

Please inform your software vendor that all Medical Marijuana Prescription uploads must be reported in the ASAP 95 format as either a .DAT or .TXT file.

Your file will need to be named according to the following rules: your DEA number, the date submitted, followed by .dat or .txt.

Therefore, if your DEA number is *AB01123456* and you are submitting on August 1, 2006, the file would look like this: ***AB01123456080106.dat*** or ***AB01123456080106.txt***.

Please name your files accordingly when submitting your controlled substance information. This will assist you with keeping accurate records of the information reported to Optimum, and will assist with locating this information in a timely and efficient manner, should this be necessary.

2. CD-ROM, CD-R, CD-RW, DVD or 3 1/2" Diskette:



A Program Transmittal Form (Attachment 1) should accompany external media submissions. The dispenser should make copies of the enclosed, blank Program Transmittal Form for future. The dispenser may also wish to keep a copy of the completed form for its records.

The file must also contain an external media label, with the following information:
Dispenser/Submitter Name, DEA number, and the number of prescriptions.

These media forms must be mailed to:

Optimum Technology, Inc.
Attn: Data Collection
100 E Campus View Blvd
Suite 380
Columbus, OH 43235

3. **Manual Entry:**

A dispenser may submit prescriptions on the Manual Entry Page via a link on the prescription upload website: www.CTRxReport.com.

Use the following instructions to access the Manual Entry Form:

- a) Login to www.CTRxReport.com with your username and password
- b) Hover cursor over the Data Collection Menu
- c) Click on Manual Entry
- a) Enter the prescription information. If you would like information regarding which fields must be populated during a manual entry, please refer to the section entitled "Required Information and Formatting."
- b) To enter another prescription, please repeat steps two and three to access a blank form. Failure to do so will create flawed/incorrect prescription records.

If you are reporting controlled substances **Schedules II-V** please use the form that appears on the Manual Entry Page. If you are reporting **Medical Marijuana** dispensations please click to box at the top of the Manual Entry page next to "Marijuana 1995."

4. **Secure FTP:**

Chain Pharmacies, Community Pharmacies, and Dispensing Practitioners with multiple facilities may submit one data transmission on behalf of all of their facilities. In fact, the program prefers that chain pharmacies, community pharmacies, and Dispensing Practitioners with multiple facilities submit one transmission with the data for all of their facilities. They may do so utilizing the FTP procedure. During registration they must appoint one contact person for all of their data submissions.

Chain pharmacies should seek direction from their corporate offices concerning how their data will be reported. Corporate offices and their software vendors should register at www.CTRxReport.com, as a Pharmacy FTP user, to obtain a user id and password. The host name for transfer is



<https://CTRxReport.com>. Login credentials will be emailed to the email address listed in the registration within 24-48 business hours.

Please note: If multiple files are being uploaded via FTP in the same day the files must have different names. If a second file is uploaded in the same day with the same file name, the second file will overwrite the first file.

Alternative Reporting Methods

The Controlled Substance Database Advisory Committee has approved an alternate form of reporting controlled substance data. This alternative reporting will utilize the Universal Claim Form which will then be mailed to Optimum Technology. The Director of the Connecticut Department of Consumer Protection may administratively approve the use of the Universal Claims Form, but regulations require extraordinary circumstances in order to receive approval. The dispenser should submit the "Request a Waiver for Electronic Reporting Form" (Attachment 3) by providing a detailed explanation of the extraordinary circumstances that necessitate the accommodation of this circumstance.

Once your Waiver for Electronic Reporting request has been approved, please use the Universal Claim Form found in Attachment 3 to manually submit prescriptions to Optimum Technology.

Zero Reporting

If a dispenser does not prescribe controlled substances in **Schedules II-V** during a reporting period, a "zero" report must be submitted.

To File a Zero Report in the Data Collection Portal

1. Login to www.CTRxReport.com with your username and password
2. Go to the **Data Collection menu**
3. Click on the option **Upload Pharmacy Zero Report**
4. Select the reporting period for zero report submission
5. Click **Submit**
6. Click the 'View submitted reports' tab to view a history of zero reporting for your pharmacy

Chain pharmacies should seek direction from their corporate offices concerning how their data (zero reports) will be submitted.

Zero Reporting may also be done via file upload (through either the website or a secure FTP transfer.) The Zero Report standard is a complete transaction and includes all fields required by the PMP program according to the state's requirements. Transaction Headers and Trailer Segments are completed as they would be with a normal controlled substance report. All required detail segments are to be sent and left blank with the exception of the PAT07; PAT08; DSP05; and IS03. The segments should be completed accordingly: PAT07 = Report; PAT08 = Zero; DSP05 = Date sent; IS03 = Date range.

ASAP 2009/ v4.1 Zero Report Summary

| Ref. Code | Data Element Name | Format | Attributes* |
|---|--------------------------------|--|----------------------|
| TH TRANSACTION HEADER – (TH01-TH09) | | | Required Data |
| TH01 | Version/Release Number | 4.1 | Yes |
| TH02 | Transaction Control Number | See TT01; GUID is recommended | Yes |
| TH05 | Created Date | CCYYMMDD | Yes |
| TH06 | Creation Time | HHMMSS or HHMM | Yes |
| TH07 | File Type | P = Production; T = Test | Yes |
| TH09 | Segment Terminator Character | Examples: ~~ or or :: | Yes |
| IS INFORMATION SOURCE – (IS01-IS03) | | | |
| IS01 | Unique Information Source | | Yes |
| IS02 | Information Source Entity Name | Pharmacy Name | Yes |
| IS03 | Message: Free Form | Date Range of Zero Report: #CCYYMMDD#-#CCYYMMDD# | Yes |
| PHA DISPENSING PHARMACY – (PHA01-PHA12) | | | |
| PHA03 | DEA Number | | Yes |
| PAT - PATIENT DETAIL SEGMENT – (PAT01-PAT23) | | | |
| PAT07 | Last Name | Report | Yes |
| PAT08 | First Name | Zero | Yes |
| DSP - DISPENSING DETAIL SEGMENT - REQUIRED | | | |
| DSP05 | Date Filled | Date submitted: CCYYMMDD | Yes |
| TP - PHARMACY TRAILER – REQUIRED | | | |
| TP01 | Detail Segment Count | Includes PHA; all Detail segments & TP segment | Yes |
| | | | |
| TT01 | Transaction Control Number | Must match TH02 | Yes |
| TT02 | Segment Count | Total # of segments, including header and trailer segments | Yes |

Example ASAP zero report for Jan 01 2012 to Jan 15 2012:

```

TH*4.1*1700121700*01**20120116*1700*P**\
IS*190256000*Pharmacy Name*#20120101#-#20120115#\
PHA***AB1234567\
PAT*****Report*Zero*****\
DSP*****20120116*****\
PRE**\
TP*5\
TT*1700121700*8\

```



Dispensary Facilities Upload- Zero Reporting:

Dispensaries can upload a zero report for medical marijuana using ASAP 4.1 zero report format or through the website.

Errors and Corrections

Rejections:

A file containing prescription errors must be corrected by the dispenser otherwise the prescription will not be entered into the PMP database and thus the dispenser could be held accountable.

The Connecticut Prescription Monitoring and Reporting System (CPMRS) application will validate each file submitted, record by record, and will reject those records which do not meet the validation requirements. If there are a limited number of errors, only those records with errors will be rejected. The user will be notified via email (valid email address required) and the message center of the status of the file, and the errors contained within.

If the records in a file do not meet the required data or formatting specifications, the entire file may be rejected. In this instance, the submitter will be notified via email and/or the 'Message Center' of the reason for this failure. A valid email address is required for email notification.

Optimum is not authorized to modify any data, therefore, the dispenser will be required to correct these errors either through the website or resubmit the entire file, if necessary.

Viewing Your Errors and File Upload Status:

The Data Collection Portal allows all users to login and view the status of their Uploaded Files. Please follow the steps below to view your uploaded files and any errors associated with those files.

Note: Only files uploaded with the same username you have logged in with will be visible to you.

View File Upload Errors:


1. Login to www.CTRxReport.com with your username and password
2. Go to the Data Collection Menu → Click on "File Upload"
3. Click on the "View Uploaded Files" tab. This will display a history of all files submitted
4. Click on the file containing errors that you wish to correct
5. Click on each individual error to see a detailed description at the bottom of the page

Corrections for File Uploads:

The State of Connecticut requires that the prescriptions reported be submitted according to the deadlines outlined in the previous sections. Therefore, if you have any rejected records, you may view them and correct them manually via the secure website.

If the dispenser has errors in the submitted file, you may correct these errors in one of two ways:



1. Correct the data in your retail RX software or Dispensing Practitioner software; regenerate the file and upload the data.
 - a. Please note this process may result in duplicate records as a portion of the records originally submitted were accepted. The duplicate records require no action on the part of the pharmacy or dispenser.
 - b. You may also choose to correct only those records that were rejected and create a separate file to submit.
2. Correct the data online via the Data Collection Portal. This type of correction is manually performed and preferred when there are minimal errors.
 - a. Login to www.CTRxReport.com with your username and password
 - b. Go to the 'Data Collection Menu' → Click on 'File Upload'
 - c. Click on the 'View Uploaded Files' tab. This will display a history of all files submitted
 - d. Click on the file containing errors that you wish to correct
 - e. To the right of each error, click on the paper/pencil icon . You will then be shown the 'Prescription Correction' screen
 - f. Correct the fields indicated, click the authorization checkbox, and click 'Save'
 - g. You will receive an online confirmation that your prescription was successfully saved.

Prescription Maintenance

For security purposes, data cannot be deleted by Optimum once it has been *submitted* and *accepted* to the program. To remedy this situation, go to the Prescription Maintenance page under the Data Management menu. Search for the prescription by prescription number, Prescriber DEA, Date filled or any combination of these criteria. You can then update the information by clicking on the prescription in question, correcting the information, checking the authorization check box, and clicking the 'Save' button. To delete the prescription, click on the prescription in question, check the authorization checkbox, and click 'Delete' button.

Test Run Upload Feature

This feature is provided to assist the user with identifying errors within a file, prior to submitting data to Optimum for reporting purposes. It is located in "Data Collection Menu" within the Data Collection website. The feature can be used for any type of file that it is submitted directly through the www.CTRxReport.com website.

The process is similar to submitting your completed file, but will allow the user to see any errors prior to your submission to the state reporting agency. Correct these errors within your pharmacy software, and create a new file to be uploaded.

If you have attempted to submit your file, and are receiving rejection notices or extensive errors, please utilize this function. This function may also assist your software vendor by helping to identify any corrections that may be needed related to software or the format of your file.



Exemptions to Reporting

Exemptions:

- Dispensing of manufacturer's samples
- Dispensing pursuant to a manufacturer's indigent patient program
- Any drug dispensed by a licensed health care facility; provided that the quantity dispensed is limited to an amount adequate to treat the patient for a maximum of forty-eight (48) hours.
- A drug administered directly to a patient
- Dispensing within an appropriately licensed narcotic maintenance treatment program by the United States Drug Enforcement Administration.
- Dispensing to inpatients in hospitals or nursing homes (exemption does not apply to assisted living)
- Dispensing to inpatients in hospices (exemption does not apply to home hospice or hospice in an assisted living facility)
- A practitioner that dispenses or administers directly to patients an opioid antagonist for treatment of a substance use disorder from a registrant licensed under Conn. General Statutes Sec. 19a-495 (Methadone Clinic).

Nursing homes:

Pharmacies dispensing to nursing homes are exempt from reporting. However, prescriptions dispensed to assisted living facilities must be reported.

Hospitals:

Inpatient prescriptions dispensed are exempt from reporting. All outpatient prescriptions and employee prescriptions must be reported.

If you consider that you are exempt from reporting or wish to submit a request for a waiver from reporting please fill out the attached exemption/waiver request form and mail to:

Connecticut Department of Consumer Protection
165 Capitol Avenue, Room 145
Hartford, CT 06106
Telephone: (860) 713-6073
Or submit by FAX to (860)713-7242



Required Information and Formatting

ASAP 4.1/2009 Telecommunications Format for Controlled Substances:

The ASAP 4.1/2009 Format must be used to report controlled drugs **Schedule II-V**.

| Ref. Code | Data Element Name | Format | Required Data |
|----------------------------------|--------------------------------|---|---------------|
| HEADER SEGMENTS | | | |
| TH - TRANSACTION HEADER | | | |
| TH01 | Version/Release Number | | Yes |
| TH02 | Transaction Control Number | | Yes |
| TH05 | Created Date | CCYYMMDD | Yes |
| TH06 | Creation Time | HHMMSS or HHMM | Yes |
| TH07 | File Type | "P" Production or "T" Test | Yes |
| TH09 | Data Segment Terminator | | Yes |
| IS - INFORMATION SOURCE | | | |
| IS01 | Unique Information Source | | Yes |
| IS02 | Information Source Entity Name | | Yes |
| PHA - DISPENSING PHARMACY | | | |
| PHA03 | DEA Number | Pharmacy DEA Number | Yes |
| DETAIL SEGMENTS | | | |
| PAT - PATIENT SEGMENT | | | |
| PAT07 | Last Name | | Yes |
| PAT08 | First Name | | Yes |
| PAT12 | Address Information – 1 | | Yes |
| PAT14 | City Address | | Yes |
| PAT15 | State Address | | Yes |
| PAT16 | ZIP Code Address | "00000" Non-US | Yes |
| PAT18 | Date of Birth | CCYYMMDD | Yes |
| PAT19 | Gender Code | "F" or "M" or "U" | Yes |
| PAT20 | Species Code | "01" Human or "02" Veterinary Patient | Yes |
| PAT23 | Animal Name | Required if PAT20 is populated with "02" Veterinary Patient | Situational |
| DSP - DISPENSING RECORD | | | |
| DSP01 | Reporting Status | "00" New record; "01" Revised; "02" Void | Yes |
| DSP02 | Prescription Number | | Yes |
| DSP03 | Date Written | CCYYMMDD | Yes |
| DSP04 | Refills Authorized | | Yes |
| DSP05 | Date Filled | CCYYMMDD | Yes |
| DSP06 | Refill Number | | Yes |
| DSP07 | Product ID Qualifier | "01" NDC (National Drug Code) "06" Compound (Used to indicate it is a compound, the CDI segment then becomes a required segment) | Yes |
| DSP08 | Product ID | 11-Digit NDC (National Drug Code) When reporting a compounded drug use eleven 9's | Yes |



| Ref. Code | Data Element Name | Format | Required Data |
|--|--------------------------------------|--|---------------|
| | | to populate this field | |
| DSP09 | Quantity Dispensed | | Yes |
| DSP10 | Days Supply | | Yes |
| DSP11 | Drug Dosage Units Code | "01" Each (to report solid dosage units, or indivisible package, "02" Milliliters (ml), "03" Grams (gm) | Yes |
| DSP12 | Transmission Form of Rx Origin Code | "01" Written Rx, "02" Telephone Rx, "03" Telephone Emergency Rx, "04" Fax Rx, "05" Electronic Rx, "99" Other | |
| DSP16 | Classification Code for Payment Type | "01" Private Pay (Cash, Charge, Credit Card) or "02" Medicaid or "03" Medicare or "04" Commercial Insurance or "05" Military Installations and VA or "06" Workers' Compensation or "07" Indian Nations or "99" Other | Yes |
| PRE PRESCRIBER INFORMATION | | | |
| PRE02 | DEA Number | | Yes |
| PRE03 | DEA Number Suffix | Identifying number assigned to a prescriber by an institution when the institution's DEA number is used (most commonly seen used for Resident Physicians) | Situational |
| CDI – COMPOUND DRUG INGREDIENT DETAIL (If DSP07 is "compound" all CDI segments are required) | | | |
| CDI01 | Compound Drug Ingredient Number | | Situational |
| CDI02 | Product ID Qualifier | "01" = NDC# | Situational |
| CDI03 | Product ID | NDC# with leading zeros | Situational |
| CDI04 | Compound Ingredient Quantity | | Situational |
| CDI05 | Compound Drug Dosage Units Code | "01" # of units or "02" ml or "03" gm | Situational |
| AIR – ADDITIONAL INFORMATION REPORTING – Situational | | | |
| TP PHARMACY TRAILER | | | |
| TP01 | Detail Segment Count | | Yes |
| TT TRANSACTION SET TRAILER | | | |
| TT01 | Transaction Control Number | Must match the Transaction Control number found in "TH02." | Yes |
| TT02 | Segment Count | | Yes |

**ASAP 95 Format (Medical Marijuana):**

The ASAP 95 Format must be used to report **Medical Marijuana** dispensations.

BASED on ASAP R.5/95 Telecommunications Format for Controlled Substances

| Field Name | Description | Format | Positions (Length) |
|-------------------------------|--|------------|--------------------|
| Identifier | | A/N | 001-003 |
| BIN | | N | 004-009 |
| Version Number | | N | 010-011 |
| Transaction Code | | N | 012-013 |
| Pharmacy DEA Number | | A/N | 014-025 |
| Customer ID Number | | A/N | 026-045 |
| Customer Zip Code | | A/N | 046-048 |
| Birth Date | | N | 049-056 |
| Gender Code | | N | 057-057 |
| Date Filled | Date Marijuana is dispensed | N | 058-065 |
| Rx Number | | N | 066-072 |
| New-Refill Code | | N | 073-074 |
| Metric Quantity | | N | 075-079 |
| Days Supply | | N | 080-082 |
| Compound Code | | N | 083-083 |
| NDC Number | Shall be populated by the NDC Code provided by the department | N | 084-094 |
| Prescriber DEA Number | | A/N | 095-104 |
| DEA Suffix | | N | 105-108 |
| Date Rx Written | Date the written certification was issued | N | 109-116 |
| Number Refills Authorized | | N | 117-118 |
| Rx Origin Code | Shall be populated by value provided by the department | N | 119-119 |
| Customer Location | | N | 120-121 |
| Diagnosis Code | | A/N | 122-128 |
| Alternate Prescriber # | | A/N | 129-138 |
| Patient Last Name | | A/N | 139-153 |
| Patient First Name | | A/N | 154-168 |
| Patient Street Address | | A/N | 169-198 |
| State | | A/N | 199-200 |
| Zip Code | | A/N | 201-209 |
| Triplicate Serial Number | | A/N | 210-221 |
| Payment Method | 1= Cash, 2= Third Party | N | 222-222 |

NOTE: All A/N fields must be left justified, right blank filled, and all N fields are right justified, left zero filled.

Required fields in **Bold**



| Field Name | Definition | Values | R/O* |
|------------------------------|--|---|------|
| Identifier | | | O |
| BIN | | | O |
| Version Number | | | O |
| Transaction Code | | | O |
| Pharmacy Number | Pharmacy DEA number | | R |
| Customer ID Number | | | O |
| Zip Code | | | O |
| Birth Date | Customer's Birth Date | YYYYMMDD format | R |
| Gender Code | Sex/Gender of the patient | 1=Male 2=Female 3=Animal | R |
| Date Filled | Date marijuana is dispensed | YYYYMMDD format | R |
| Rx Number | Prescription number assigned by the pharmacy | 7 digit maximum | R |
| New-Refill Code | Code indicating whether the prescription is new or refill | 00 = New 01-99 = Refill number | R |
| Metric Quantity | Number of metric units of drug being dispensed | | R |
| Days Supply | Estimated number of days the prescription will last | | R |
| Compound Code | Code indicating whether or not the prescription is a compound medication | | O |
| NDC Number | National Drug Code (NDC) shall be provided by the department | Submit all 11 digits provided by the department without dashes | R |
| Prescriber DEA Number | DEA Number of the prescriber | | R |
| DEA Suffix | DEA Suffix | | O |
| Date Rx Written | Date the Rx was written | Date the written certificate was issued in a YYYYMMDD format | O |
| Number of Refills Authorized | Number of refills authorized by Prescriber | | O |
| Rx Origin Code | Code indicating the origin of the prescription | Shall be populated by value proved by the department | O |
| Customer Location | Code indicating location of patient (home, hospice, LTCF, etc) | | O |
| Diagnosis Code | ICD-9 or CPT code provided by Prescriber | | O |
| Alternate Prescriber | State license number or HIN. To be included if DEA number field is for an institution rather than the prescriber | | O |
| Patient Last Name | Patient last name up to 15 characters | | R |
| Patient First Name | Patient first name up to 15 characters. | | R |

| | | | |
|-------------------------------|--|---|----------|
| Patient Street Address | Physical address of patient – street # or PO Box # | Physical Address | R |
| Patient State | Standard 2-character state abbreviation | Example: CT | R |
| Patient Zip Code | Full zip code (including 4-digit suffix if available). | Report as 5 or 9 digits without hyphen | R |
| Triplicate Serial Number | Number assigned to Triplicate Rx document by States with triplicate program. | | O |
| Payment Method | Single character denoting type of payment | 1 = Cash Payment 2 = Third Party Payment | R |

Required fields in **Bold**

FREQUENTLY ASKED QUESTIONS

Passwords and Sign-In Information:

Does my password expire?

For security purposes, passwords will expire every 90 days. You do not need to remember to update your password, as the system will automatically prompt you to change your password after 90 days.

Please note that your account will require you to update your password upon your initial sign-in. At this time, please answer the security questions provided. This will allow you to change/update your password during the evening/weekend hours.

I have entered my password numerous times, I am sure that it is correct? Why is this happening?

Please consider the type of information that you are attempting to locate? If you are attempting to submit records of your dispensed controlled substances, please go to the link 'Forgot/Reset Password.' If you have answered the security questions provided, you will be able to reset your password using this function.

If you are attempting to view patient information, or prescription history, please verify that you are accessing the correct website. The website required to view this information is www.CTPMP.com.

Prescription Data and Reporting requirements:

What is the NDC Code?

The National Drug Code is an 11 digit number used to identify drug strength, name, quantity etc. This number is found on the medication bottle.

What drugs should be reported?

The Connecticut Prescription Monitoring Program collects drug **schedules II-V** and **Medical Marijuana**.

How often should I submit data?

Pharmacies/Dispensing Practitioners are required to report their dispensed control substances (schedule II-V) weekly.

Medical Marijuana Dispensaries are required to report their dispensations daily.

How are compounded prescriptions to be recorded?

Prescriptions compounded by the pharmacist and containing a controlled substance must be reported. To submit a compound controlled substance, the field DSP07 must indicate this by the value '06' for compound. Subsequently, DSP08 must then be reported as eleven "9's" or 9999999999. By reporting the value in DSP07 as '06', the CDI segment then becomes a mandatory or required segment.

The CDI segment will require that reportable controlled substances be reported in increments of 1 in field CDI01; the NDC code is reported as '01' in CDI02; and the NDC of those reportable ingredients is provided in CDI03. The quantity is provided in metric decimal format in CDI04; and the Drug Dosage Units Code is reported in CDI05.

For further clarification please see the ASAP 4.1 required fields in the section entitled "ASAP 4.1/2009 Telecommunications Format for Controlled Substances:"

I am a veterinarian, and our location does not assign prescription numbers. What number should I use?

You may begin with the number 1 (or any number) and continue forward. Please keep a record of this Rx number, so that the prescription monitoring program and your location have coinciding records.

Why is the system rejecting the input metric quantity/quantity dispensed?

The metric quantity should be reported as units dispensed in metric decimal format.

Due to unforeseen problems, I need an extension for the reporting period deadline; what should I do?

All controlled substances (schedule II-V) should be reported weekly. All Medical Marijuana Dispensaries must report daily.

If for some reason you need more time, please contact your program's administrator at: dcp.pmp@ct.gov or by calling **860-713-6073**.

What should I do if the pharmacy / doctor I am reporting for will no longer dispense controlled substances? Or, I believe I am exempt from reporting; what should I do?

If you believe you are exempt from reporting, or the pharmacy you are reporting for will be closing, please fill out a program waiver or contact your program's administrator at dcp.pmp@ct.gov.

I use a common login for multiple locations, but one location did not dispense any controlled substances. How do I submit a Zero Report?

Zero reports can be submitted via FTP by uploading an ASAP 4.1 Zero Report (please see the section entitled ASAP 2009/ v4.1 Zero Report Summary.) If your software does not have the ability to create an ASAP 4.1 Zero Report, you will need to log into the website with the account associated with the pharmacy's DEA number and manually upload a Zero Report.

I received a Delinquency Letter; what should I do?



If you received a Delinquency letter and would like to check the status of your data, please send an email to CTRxReport@otech.com with the following information (If you are unsure if your data was submitted, resubmit the time period in question. The data will take one day to process, before we are able to review the information):

1. Username
2. Reporting period(s) in question
3. DEA Number

If a confirmation is required, you may forward our email response to the RI Administrator as confirmation your data was received.

File issues and Error Corrections:

What should the filename be?

The filename should be the DEA number, followed by the date of submission, followed by **.dat** or **.txt**. Chain pharmacies may use the chain name, followed by the date of submission. The filename is less important than the contents of the file.

FTP users, uploading multiple files within a single day, should be certain to differentiate files by modifying the filename before the **.dat** or **.txt** extension. This will ensure that the contents of the file are not overwritten. FTP submissions with the same filename, submitted on the same day will overwrite the previously submitted file.

What does the file status 'Pending' mean?

Uploaded files will be processed overnight by a batch processor; therefore they will be in a “Pending” status until the following day. You will receive notification via the message center and email (valid email required) once the file has processed. You can update your email address through the “My Account” section of the website.

I do not work with a software vendor; how should I submit controlled substance data?

If you do not work with a software vendor, you will need to manually enter controlled substance data. To submit manually go to “Data Collection → Manual Entry.” Complete all required fields, check the authorization checkbox, and click “Save;” no further action is required.

I accidentally sent the incorrect reporting period. Should the file be deleted?

If the wrong reporting period was uploaded, the file does not need to be deleted. Records that have already been processed by the system will be rejected as duplicate records. To remedy this issue, simply create a file with the correct reporting period and upload again.

What should I do if my file was rejected?

If your file was rejected, do a Test Run Upload. To do this, go to Data Collection > Test Run Upload > Click Browse > Open File > Click Test Run Upload. The bottom of the screen will list file format problems. Missing or invalid fields should be corrected by your software vendor.

The file I uploaded states there are errors, but when I try to view them there are no records listed. What are the errors?

Errors are viewed by going to Data Collection > File Upload and then clicking on the number of errors. If there are no errors listed on the page, click the box 'Show Duplicate Record Error Messages,' and this should display any errors. Duplicate records are records that have already been processed by the system. Duplicate records cannot be edited.

How do I know if my file uploaded?

To receive a confirmation after your file has processed, you will need to change your response type. Go to My Account > Choose the correct Region > Type your email address in the Email Address field > Under Preferences choose Response Type - Email > Click Save.

An email will be sent (the following day) confirming the file's status and any errors.

I accidentally submitted incorrect information. Can I delete a record/entry?

Please login to your pharmacy's account, and go to "Data Management → Prescription Maintenance." Search for the prescription that needs to be deleted. Click on the prescription to be taken to the "Prescription Correction" page. Scroll to the bottom of the page, click on the authorization checkbox, and click the orange "Delete" button.

The ASAP 2009 v4.1 formatting allows for the following functions: 'new, revise, or void.' For those sending electronic files, please refer to DSP01 in the formatting table. Please contact your pharmacy software vendor to see if they are able to send the record as 'void.' This will overwrite the incorrect data within the system.

I tried uploading a file from a diskette, and after hitting 'Upload' the following error occurred: 'This web page cannot be displayed', what should I do?

If you receive this error message when uploading a file from a diskette, the file did not save properly, or the diskette is bad. Use a new diskette and upload again. (Be sure to format your floppy diskettes prior to creating your file.)

Why are there no menus displayed on the web page?

If you are using Internet Explorer, please make sure you are using version 7.0 or higher. To accomplish this go to "Help → About Internet Explorer." If you are using a version older than 7.0 you may want to consider upgrading your browser.

If you are using a recent version, please make sure compatibility view is enabled. Compatibility view can be found in your "tools" menu.

Why is nothing happening when I click on the browse button to upload my file?

If you are using Internet Explorer, please make sure you are using version 7.0 or higher. To accomplish this go to "Help → About Internet Explorer." If you are using a version older than 7.0 you may want to consider upgrading your browser.

How do I fix "duplicate" error messages?

A duplicate error message displays when a data record is received and processed more than once. This normally occurs when a file is uploaded after correcting errors in your prescription software or when a file is



uploaded twice in error for a different reporting period. *The duplicate records occurring as a result of duplicate file uploads require no action on the part of the pharmacy or dispenser.*

Other Questions:

How do I setup an FTP account?

FTP account requests must be made via the registration page on www.CTRxReport.com. You will need to register for an 'FTPUUploader' account. You will receive login credentials at the email address indicated in your registration within 24-48 business hours.

Should a suffix be included in the Last Name Field?

No. The ASAP 2009 Standard calls for just the last name of the patient to be included in the "last name" field when reporting controlled substance data to the Connecticut Prescription Monitoring Program (CT PMP). The CT PMP has received several inquiries from prescribers and dispensers indicating prescriptions they had written or dispensed for a particular patient were not appearing on the CT PMP report. On each occasion, program staff determined that the suffix was included in the last name field causing that prescription information to be excluded from the report.

How should the address for a patient not from the U.S. be entered to be accepted by the program?

If a patient is located outside the US, the zip code should be entered as all zeros: 00000.

Assistance and Support

Optimum is available to provide assistance and information to individual pharmacies, chain pharmacies, software vendors, and other entities required to submit data. Technical support is available to meet the program requirements. Questions concerning interpretation of technical and compliance matters may be referred to Optimum. Pharmacies are advised to first contact their software vendor to obtain modifications and instructions on compliance and participation. Software vendors may also contact Optimum directly for assistance.

The Connecticut Department of Consumer Protection will act as the final interpreter of regulations. Unresolved disagreements between a dispenser and the vendor will be resolved by the State.

Controlled Substance Database Contact Information:

For questions: Call the Connecticut Department of Consumer Protection **(860) 713-6073** or e-mail DCP.prescriptions@ct.gov.



Attachment 1: Program Transmittal Form

File Name: _____ Date: _____

The file name should be the Board of Pharmacy license number followed by .DAT (example: 0201123456.DAT)

Pharmacy/Dispenser Name: _____

Board of Pharmacy License Number: _____

Number of Prescriptions in File: _____

Name of person submitting report: _____

Phone Number: _____ Fax Number: _____

External/diskette label must contain: Pharmacy/Submitter Name, DEA Number and Number of Prescriptions



Attachment 2: Waiver/Exemption Form

CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION
PRESCRIPTION MONITORING PROGRAM

WAIVER / EXEMPTION FORM



Please provide the information requested below. (Print or Type) Use full name not initials. Also, **changes in pharmacy status** or Connecticut Department of Consumer Protection regulations may require pharmacies to resubmit a waiver / exemption form.

NAME OF DISPENSER

LICENSE OR PERMIT NUMBER

ADDRESS

CITY STATE ZIP

NAME OF PHARMACIST IN CHARGE (PHARMACY ONLY)

CT LICENSE NUMBER OF PHARMACIST IN CHARGE (PHARMACY ONLY)

TELEPHONE

SIGNATURE

APPLICANT SIGNATURE Date

For Department Use Only

Date Received

☐ Approved ☐ Disapproved

Director or Designee Signature

Date of Action



REASON FOR WAIVER / EXEMPTION (Check one box below)

- ☐ Hardship created by a natural disaster or other emergency beyond the control of the permit holder. Please provide description:
- ☐ This dispenser does not hold a Controlled Substance registration with Drug Enforcement Administration.
- ☐ This dispenser does not dispense Schedule II, III, IV, and V controlled substances.
- ☐ The dispenser is exempt from reporting according to Connecticut General Statute: Chapter 400j. State exemption(s)
- ☐ Other: Please provide description below or provide information as a separate attachment.

Mail or fax to: State of Connecticut Department of Consumer Protection Prescription Monitoring Program, 165 Capitol Avenue, Room 145,
Hartford, CT 06106, Telephone: (860) 713-6073, Fax: (860) 622-2608

4/08



Attachment 3: Universal Claim Form

Connecticut Universal Claim Form Schedule II-V Controlled Substances

Dispenser DEA #: _____

(This Dispenser information will be used for each RX record on this page)

| | | | | | | |
|------------------------------------|---------------------|------------------------------|--------------------|-------------------------|--|--|
| <u>Patient Details</u> | | | | | | |
| Last Name | | First Name | | Date of Birth | Gender | |
| | | | | | | |
| Street Address | | City | | State | Zip | |
| | | | | | | |
| <u>Prescriber Details</u> | | | | | | |
| Prescriber DEA # | | | | | | |
| _____ | | | | | | |
| <u>Prescription Details</u> | | | | | | |
| Prescription # | Date Written | Total Refills Allowed | Date Filled | Current Refill # | Payment Method | |
| | | | | | <input type="checkbox"/> Private Pay <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Commercial Ins <input type="checkbox"/> Military/VA <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Indian Nations <input type="checkbox"/> Other | |
| NDC Code | | | Qty | Days Supply | Dosage Units | |
| _____ - _____ - _____ | | | | | <input type="checkbox"/> Each <input type="checkbox"/> Grams <input type="checkbox"/> Milliliters | |
| | | | | | | |

| | | | | | | |
|------------------------------------|---------------------|------------------------------|--------------------|-------------------------|--|--|
| <u>Patient Details</u> | | | | | | |
| Last Name | | First Name | | Date of Birth | Gender | |
| | | | | | | |
| Street Address | | City | | State | Zip | |
| | | | | | | |
| <u>Prescriber Details</u> | | | | | | |
| Prescriber DEA # | | | | | | |
| _____ | | | | | | |
| <u>Prescription Details</u> | | | | | | |
| Prescription # | Date Written | Total Refills Allowed | Date Filled | Current Refill # | Payment Method | |
| | | | | | <input type="checkbox"/> Private Pay <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Commercial Ins <input type="checkbox"/> Military/VA <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Indian Nations <input type="checkbox"/> Other | |
| NDC Code | | | Qty | Days Supply | Dosage Units | |
| _____ - _____ - _____ | | | | | <input type="checkbox"/> Each <input type="checkbox"/> Grams <input type="checkbox"/> Milliliters | |
| | | | | | | |